

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS							SERIAL NO.	FILING DATE
							APPLICANT(S)	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
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20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	11						TOTAL DEP.	
TOTAL CLAIMS	12						TOTAL CLAIMS	